FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* SAUER BRAD T | | | | | 2. Issuer Name and Ticker or Trading Symbol 3M CO [MMM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|--|---|--|---|---|--|-------|--|---|---|----------------------------|--|---|---|--|--|--|------------|
| (Last) 3M CENTER | (First) | (N) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2011 | | | | | | | | X | Officer (g below) EXE | ve title Other (sp below) C VP HEALTH CARE | | specify | |
| (Street) ST. PAUL (City) | MN (State) | | 5144-1000 ip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | Date | Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. | | | equired (A) (Instr. 3, | | 5. Amount Securities Beneficiall Following Transactio | | Form | lirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and | | | | (111501.4) |
| Common Stock (| | | | 02/0 | /09/2011 | | | | M | | 3,387 | | A | \$90.78 | 27,477 | | | D | |
| Common Stock 02. | | | | 02/0 | 02/09/2011 | | | | F | | 1,135 | | D | \$90.78 | 26,342 | | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Ye | te, Tr | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun Securities Underly Derivative Security 3 and 4) | | erlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti | ve Ores For ally Di or or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C. | ode | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | (-/ | | |
| Restricted Stock Units | (1) | 02/09/2011 | | | M | | | 3,387 | (2) | | (2) | | mmon | 3,387 | \$0 | 6,770 | 6 | D | |

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of 3M common stock.
- 2. The restricted stock units will vest in equal installments on each of the first three anniversaries of the grant date (2/9/2010).

George Ann Biros, attorney-in-fact <u>02/11/2011</u> for Brad T. Sauer

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.